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A study of counselor and student-counselor reaction to a client's verbalizations on the basis of a motion picture.

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Thesis

A STUDY OF COUNSELOR AND STUDENT-COUNSELOR REACTION
TO A CLIENT'S VERBALIZATIONS ON THE BASIS
OF A MOTION PICTURE

Submitted by

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# TABLE OF CONTENTS

## CHAPTER                         Page

### I. INTRODUCTION

- The Problem........................................ 1
  - Significance of theoretical orientation...... 1
  - Three significant questions................. 1

- Procedure........................................ 2
  - Research design.................................... 2
  - Description of population.................... 2
  - Counselor A....................................... 2
  - Counselor B....................................... 3
  - Counselor C....................................... 3
  - Counselor D....................................... 3
  - Counselor E....................................... 3
  - Counselor F....................................... 3
  - Counselor G....................................... 3
  - The measuring instrument..................... 3
  - Guide sheets coded.............................. 5

- Limitations....................................... 5
  - Number of subjects participating........... 5

### II. ANALYSIS OF RESEARCH LITERATURE

- Experimental Research.......................... 6
  - An ideal therapeutic relationship........... 6
  - Therapists create their own ideal relationship...... 7
  - Fiedler's tentative hypothesis............... 7
  - Fiedler's method of investigation........... 7
  - The statistical results...................... 8
  - A second investigation....................... 8
  - Psychoanalytic and Client-Centered Therapists compared........... 10
  - A study of therapists' behavior in an initial interview.......................... 11
  - Strupp's Research Procedure.................. 11
  - Statistical results of the questionnaire.... 12
  - Two theoretical frameworks.................. 12
  - Investigations delving into the internal dimension........... 13
CHAPTER

II. Lewis' study corroborates Rogers' findings... 14
   A phenomenological approach................... 14
   Two by-products of Rogers' study............. 15
   Studies pertaining to interview behavior
during therapy................................. 16
   Studies pertaining to the psychological
climate of therapy............................. 16
   A non-intellectual basis for counselor re-
   sponse........................................ 17
   A measure of counseling interview procedures.. 19
   Classification of Porter's check list.......... 21
   Interviews were phonographically recorded... 21
   Training the judges................................ 22
   Porter's conclusions............................ 23
   Stone's counseling continuum................... 24
   Stone's hypothesis................................ 24
   Counseling continuum, a "yardstick"............. 25
   A comparison study of rational and psycho-
   analytic therapy.............................. 26
   Rational psychotherapist's function........... 28
   The research design................................ 28
   Results of Ellis' study........................... 29
   Thorne's evaluation of eclectically oriented
   therapy........................................ 29
   Results of Thorne's study....................... 30
   A counselor training device...................... 30

Some Theoretical Concepts and Values.................. 31
   The place of value in orientation............. 31
   The place of psychoanalysis.................... 32

III. ANALYSIS OF DATA DERIVED FROM JURY RATINGS......... 35
   Tabulation of Ratings........................... 35
   Scores weighted................................ 35
   Scores tallied for comparison................... 35
   Statistical treatment........................... 35

   Summary of Results............................ 35
   Mean scores on item analysis................... 35
   Mean value of total scores and statistical
difference....................................... 37
   Internal consistency of response............... 37

IV. SUMMARY, CONCLUSIONS AND IMPLICATIONS.................. 38

   Summary....................................... 38
   Introduction and the problem................... 38
   Three questions posed as the problem........... 38
<table>
<thead>
<tr>
<th>CHAPTER IV.</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure.</td>
<td>38</td>
</tr>
<tr>
<td>The measuring instrument.</td>
<td>39</td>
</tr>
<tr>
<td>Summary of research and related literature.</td>
<td>39</td>
</tr>
<tr>
<td>Summary of results obtained from the experiment</td>
<td>44</td>
</tr>
<tr>
<td>Conclusions.</td>
<td>44</td>
</tr>
<tr>
<td>Implications.</td>
<td>45</td>
</tr>
<tr>
<td>Corroborative evidence.</td>
<td>45</td>
</tr>
<tr>
<td>APPENDIX.</td>
<td>48</td>
</tr>
<tr>
<td>BIBLIOGRAPHY.</td>
<td>49</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION

1. The Problem

Significance of theoretical orientation.-- Theoretical orientation appears to be, in the minds of many counselors, a significant dividing point when they consider the counseling relationship. Others protest that it is not and conceive counseling as existing along a continuum. Still others indicate that there are advantages and disadvantages to all techniques. Another view taken, in considering the outcomes of theoretical orientation, is to observe the difference in opinion, if any, in what is considered an ideal counseling relationship. Such an approach seeks the answer to one important question: "Are these differences in theory semantic or do they represent actual divergences in the goal therapists set for themselves?" It ultimately answers another pertinent question: Is there a significant difference between the more well trained and experienced therapist, in the manner in which they perceive an ideal relationship, and those counselors with less training and experience?

Three significant questions.-- Is there consistency in

the manner in which counselors of different orientation perceive what is being said and felt by the client? Is there consistency in the manner in which counselors-in-training perceive what is being said and felt by the client? Is there a significant statistical difference between the two groups? It is the purpose of this thesis to attempt to provide some answers to these three questions.

2. Procedure

Research design.-- Seven counselors, differing in theoretical orientation, were selected to participate as judges. Ten student-counselors, who were enrolled in a counseling practicum course, were also selected as judges. Counselors and student-counselors were to observe a movie of a counseling interview. They were then asked to record their reactions along a five point scale on a guide sheet provided for that purpose. Two types of ratings were obtained: a rating at prescribed intervals during the process of the film, and a final summary rating of the degree of feeling expressed for each item. Counselors observed the movie in two groups due to the problems of scheduling the movie into the programs. The student-counselors saw the film in one meeting.

Description of population.-- Indicated below is a description of the population sampled.

Counselor A.-- Counselor A is a Professor of Education and a director of counselor education. He has had 15 years experience in counseling. His theoretical orientation is non-
Counselor B.-- Counselor B is an Associate Professor of Education. He has had 18 years in counseling and related work. His theoretical orientation is non-directive.

Counselor C.-- Counselor C is an Assistant Professor of Education with six years experience in counseling. Her theoretical orientation is Rogerian.

Counselor D.-- Counselor D has 13 years experience in counseling. Counselor D is also a director of a university counseling service. His theoretical orientation is eclectic.

Counselor E.-- Counselor E is an Instructor in Guidance with four years experience in counseling. His theoretical orientation is eclectic.

Counselor F.-- Counselor F is a Professor of Guidance. He has had 16 years experience as a counselor. He is chairman of a college guidance department. His theoretical orientation is directive.

Counselor G.-- Counselor G is a Professor of Guidance and chairman of a department of guidance and psychology. He has had nine years experience as a counselor. His theoretical orientation is eclectic.

The 10 student-counselors were graduate students enrolled in a counseling practicum course at the time of this experiment.

The measuring instrument.-- The instrument (See Appendix)

*Based on the counselor's own statement.
devised was a guide sheet composed of items describing possible
counselee verbalizations listed in the left column and columns
marked "Not At All," "To Some Degree," and "To A High Degree"
at the right. Also heading the columns at the right, and
below the column headings, "Not At All," "To Some Degree," and
"To A High Degree" was a five point scale.

Prior to showing the film, the subjects were handed the
guide sheet and the instructions read aloud. The system of
ratings was then explained. The judges were to view the film
"The Case of Mr. Lin" by Carl R. Rogers. The film was inter-
rupted every eight minutes. During this interval, the sub-
jects marked their responses on the guide sheet. They placed
the numeral 1, 2, or 3, depending upon the interval in the
series, in the column indicating the degree of counselor feel-
ing they felt was expressed during the previous eight minutes.
A rating was thus obtained for each of the 12 items, with sub-
items, making a total of 15 ratings. Thus, during the first
interval, a subject might have placed the numeral "1" in the
first column, marked "Not At All" which has a weight of one,
as a rating for the item "Expresses feelings of dependency
upon another person." In a similar manner, he might have
placed the numeral "1" in the last column, marked "To A High
Degree," which has a weight of five, for the item "Expresses
feelings of dependency upon the counselor." The final rating

1/Pennsylvania State College, The Case of Mr. Lin, 16 mm
sound black and white film, University Park, Pennsylvania,
1940.
was recorded after the third rating had been registered. This was accomplished by placing an "X" on the scale for each of the 15 items indicating a summary rating.

Guide sheets coded.-- Counselors were then asked to write their names on the instrument. Student-counselors recorded the fact that they were graduate students. Counselors' guide sheets were then assigned a code letter from A to G for easier tabulation and to insure objectivity. Student counselors were designated by numbers from one to 10.

3. Limitations

Number of subjects participating.-- The outcome of this experiment is limited by the small number of persons being sampled. There were seven counselors and 10 student-counselors. The sampling of subjects was confined to counselors operating within the framework of one educational institution in one New England community. The student-counselors were enrolled in the same institution as the counselors.

The measuring instrument was admittedly crude, but was devised to measure outcomes and not for its inherent value.

The film could have influenced the reaction of the judges since it reflected heavily one theoretical orientation.
CHAPTER II

ANALYSIS OF RESEARCH LITERATURE

1. Experimental Research

An ideal therapeutic relationship.-- Fiedler indicates in his study that one of the major areas of difference between various schools of psychotherapy is the divergence in opinions as to the most desirable therapeutic relationship that the therapist can create. There has been little agreement among therapists as to the importance of a good therapeutic relationship to cure. Rogers and Thorne, writes Fiedler, have insisted that the relationship is important. Horney concurs. The difference of opinion as to what comprises a good relationship covers a wide range. Rogers favors a relationship allowing the client much autonomy with little counselor intervention. Horney and Thorne contend that there must be more intervention by the therapist.

Fiedler attempts to answer one question in his paper: "Are these differences in theory semantic or do they represent actual divergences in the goal therapists set for themselves?" If theory and training are more significant than therapeutic skill, then therapists of different schools will differ more

1/Fred E. Fiedler, op. cit., 14: 230-245.
2/Ibid., p. 239.
than those of other schools than from therapists of their own schools. If experience and skill are more important, then it is to be expected that the more expert agree among themselves regardless of theoretical orientation than the less expert within his own school.

**Therapists create their own ideal relationship.**-- Fiedler assumes that the therapists will attempt to create the relationship they deem ideal. Furthermore, the skilled therapist is better acquainted with the theory of his own school than is the less expert. The expert of any school may be expected to disagree more with experts of other schools if they differ in theory, since experts are more characteristic of the school they represent than are the lesser practitioners of that school.

**Fiedler's tentative hypothesis.**-- Fiedler expresses his hypothesis tentatively to propose that if there are real differences in schools as to the relationship which they strive to establish, factor analysis will yield as many factors as there are points of view. If the differences exist in theory and only one type of relationship is considered effective, it is anticipated that only one general factor will be found among therapists of various schools.

**Fiedler's method of investigation.**-- Therapists described the relationship they held as ideal. This was done by using a series of Q-technique ratings by therapists of different orientations and with varying degrees of training and skill.
Two investigations were developed.

The first study involved the ratings of six psychologists and two psychiatrists. Four therapists were psychoanalytically oriented, two were non-directly oriented, and two eclectically oriented. Among the psychoanalytic therapists, one had completed his medical and most of his psychoanalytic training, and had practiced 10 years. The other medically oriented therapist had been practicing three years but had not begun analysis. One psychologist had two years of intensive and five years of general practice and had 150 hours of analysis. The other psychologist had less experience in therapy, but had 120 hours of personal analysis.

The statistical results. -- The results indicated that all therapists correlated positively with each other. The correlations ranged from .48 to .78 with a median of .64. Resorting reliability was at .80.

The psychoanalytic therapist, with analysis, correlated with the non-directive expert .77 and .72, while they correlated with the psychoanalytic non-experts .61 and .51. The non-directive expert correlated .64 with the less well trained non-directive therapist.

Analysis of the items revealed no large difference between schools of thought.

A second investigation. -- Results from the first study prompted several questions which Fiedler hoped to answer by a second study. The following are the questions the investigator
proposed to answer:

"1. Are the results presented above a reflection of a stereotyped notion among therapists of what a good therapeutic relationship is?

2. Are the results a function of the individual who cooperated in this study, and the particular statements which were used here?

3. Would an Adlerian expert also correlate highly with therapists of non-directive orientation?

4. Finally, if, as some have suggested, the therapeutic relationship is something not found outside therapy, will a lay person who had never been in therapy be unable to describe a therapeutic relationship?"

The second study was similar to the first one in design except that seven different subjects were used and a different set of 75 statements employed.

The second study reaffirmed the results of the first study. The same trend in correlations was apparent in this study. The Adlerian expert correlated highly with the other trained therapists. The untrained analyzed lay person correlated .84 with one non-directive therapist and .79 with a psychoanalytically oriented therapist. Fielder then concluded that this concept of a good therapeutic relationship is not peculiar to therapists since an untrained person who had never had psychotherapy correlated .76 with a non-directive, .81 with an analytically oriented therapist, while she correlated .56 with a less experienced non-directive therapist. On the

basis of the statistical outcome, Fiedler drew these conclusions:

"1. Therapists of different schools do not differ in describing their concept of an ideal therapeutic relationship.

2. The ability to describe this concept is probably a function of expertness rather than theoretical allegiance.

3. Nontherapists can describe the ideal therapeutic relationship in the same manner and about as well as therapists. The therapeutic relationship may therefore be but a variation of good interpersonal relationships in general.

4. A composite rating of the Ideal Therapeutic Relationship can be obtained by means of pooled ratings. This composite rating has here been presented."

Psychoanalytic and Client-Centered Therapists compared.—Hans H. Strupp asserts that as a technique for producing changes in the personality structure of the client, psychotherapy does not exist apart from the person of the therapist. It is evident, claims Strupp, that the process of therapy comprises the therapist, his personality, theory, and techniques. However, little attention has been devoted to these variables.

The therapist reads imaginary dials and then reacts upon the information indicated by these instruments within himself. When supplied certain information, he registers this data in a certain manner and reacts in another manner. Theory, ex-


experience, and personality determine the kinds of dials the therapist employs, as well as their calibration.

A study of therapists' behavior in an initial interview. The purpose of this paper was to study therapists' behavior in an initial interview. Then these questions were posed:

"If a group of therapists observe the same patient, how do they perceive the clinical problem? What kinds of evaluations result from their perceptions? How are their perceptions and evaluations related to their communications? And, can differences in their performance be accounted for in terms of common underlying variables?"

This paper compares psychoanalytic and client-centered therapists.

Strupp's Research Procedure. -- A sound motion picture of a first interview was used as an experimental model. It was an unrehearsed interview from which no significant portions were deleted. It was adapted for experimental purposes by utilizing interruptions at 28 prescribed points introduced by the title "What would you do?" followed by a numeral from one to 28.

The motion picture was shown to groups of therapists who were instructed to assume they were interviewing the patient and to record in writing their responses to the client. Each interval lasted 30 seconds. Therapists were free to respond or to remain silent. The film lasted about 50 minutes.

After the film, therapists completed a comprehensive questionnaire on their diagnostic impressions, treatment plans,

1/Hans E. Strupp, op. cit., p. 265.
formulations of the patient's emotional dynamics, problems in treatment, estimates of the degree of anxiety, emotional dynamics, problems in treatment, estimates of the degree of anxiety, emotional maturity, and other factors. To supplement this questionnaire, the therapists completed a blank containing biographical questions. This procedure entailed about two hours.

Statistical results of the questionnaire.-- Comparisons of responses to a series of items dealing with diagnosis, prognosis, treatment plans, and attitudes revealed a number of significant differences. Rogerians were not inclined to make plans for treatment or to set up therapeutic goals. Their prognostic estimates tended to be more optimistic and they rated their attitude toward the patient as more positive than the psychoanalytically oriented therapists.

Two theoretical frameworks.-- Seeman and Raskin, suggest two frameworks in which to consider research on therapy. The first framework refers to the bidimensional nature of research in therapy and the second refers to the role of therapy in shaping research designs and directions. In reference to dimensions, the authors follow the trend of psychological research in general. They see two dimensions. First, they see the dimension of internal events, and the second dimension aludes to the external dimension which seeks the outcomes to

help in the comprehension of the processes studied. In therapy research, the internal dimension is arbitrarily defined as the interview behavior of the client and the therapist. Within the dimension of internal observation, the researcher may look through the client's frame of reference or utilize the concepts from another source. In either case, the research worker is seeking to discover the relationships inherent in the data of the therapeutic process.

The second dimension of therapy research refers to the outcomes of the process of therapy. Its main purpose is to uncover more data about the process of therapy by isolating the concomitant behaviors associated with therapy. The external dimension serves the dual functions of discovery and demonstration. The search for the concomitant behaviors of therapy leads to new facts about therapy and to the validation of verifying hypotheses about therapy, state Seeman and Raskin.

Investigations delving into the internal dimension.—Rogers indicated that there was an orderly process in the evaluation of therapy which is outlined as follows:

1. Rapport established
2. Free expression of feeling on the part of the client
3. Recognition and acceptance, by the client, of his spontaneous self

1/C. Hobart Mowrer (Editor), op. cit.
4. The making of responsible choices

5. The gaining of insight through assimilated interpretation

6. Growing into independence with support.

Lewis' study corroborates Rogers' findings. -- Lewis corroborated Rogers' findings in a study involving a detailed analysis of six cases of disturbed adolescent girls.

Items involving explanation of psychologists' role appeared most frequently in the early interviews.

Topics devoted to exploration of problems comprised 50 per cent of the client verbalizations and occurred most often during the first two deciles reports this worker.

Encouragement by the counselor to explore problems was repeated during early interviews and reached a peak at the fifth decile.

From the fifth to the eighth, there was an increase in ability to perceive relationships between aspects of information offered by the therapist. The ability to perceive relationships reached a peak in the eighth decile relinquishing its position to statements about planning, new steps, new decisions and plan of action for future behavior.

In connection with the latter statements, Lewis states that there were statements talking about results of actions taken which reached a peak at the last decile.

A phenomenological approach. -- Seeman and Raskin trace

the pattern of research further. After the early studies in client-centered therapy, there was a period characterized by attempts to order and explain the phenomena seen in clinical practice by the theory building process. From this evolved the practice of organizing the data of the therapeutic process within broader concepts of personality. The first attempt appeared in the theoretical position of Rogers in a paper entitled "Some Observations on the Organization of Personality."

Rogers concluded from his research that the crucial element in the determination of behavior is the perceptual field of the client. Under certain conditions, the client has the capacity to reorganize his field of perception, including his perception of himself. An outcome of the reorganization is the alteration of behavior.

**Two by-products of Rogers' study.**—Using parts of Rogers' postulates, Sheerer and Stock assumed the hypothesis that psychotherapy modifies the characteristic pattern in which a client views himself and others. Sheerer studied aspects of attitudes toward self and others. She constructed a five point scale describing various degrees of acceptance and rated each item for each interview in the 10 cases. The result was a trend analysis illustrating the systematic variations occurring

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during therapy. In nine out of 10 cases the client expressed increased acceptance of himself and others. Stock employed a broader base for her analysis of self attitudes and attitudes toward others. Her results were similar to those of Sheerer.

Studies pertaining to interview behavior during therapy.-- Kauffman and Raimy applied the discomfort-relief quotient (DRQ) and Raimy's self attitude instrument to a group of seven cases and found close correlation in the manner that these two measures traced changes in the therapeutic process.

Kessler investigated the evaluational process of three clients in terms of flexibility, rigidity of evaluations, and of the extent to which clients perceived themselves as making progress. Her evidence confirmed the prediction that the therapeutic process reflected three stages in the evaluation process. She listed rigid evaluations and evaluations not recognized as such, rigid evaluations but recognized as evaluations, and flexible evaluations recognized as evaluations.

Studies pertaining to the psychological climate of therapy.-- Blocksma developed an instrument for use in process


The development of this instrument was done in connection with a study of a counselor training program. In analyzing changes attributed to a course in client-centered counseling for Veterans Administration counselors, Blocksma categorized techniques according to whether they were thinking with, for, or about the client. He concluded that training courses effected an increase in the degree to which counselors thought with the client. This was compared with role-playing sessions before and after the course.

Bergman studied the point at which the client asked for a definition of the therapeutic relationship, for additive, or other counselor intercession. His purpose was to study by sequence what types of counselor response to client requests had a facilitating effect upon further client exploration and which obstructed it. His findings concluded that structuring and interpretation were strongly associated with abandonment of self exploration. Reflection of feeling was strongly related to continued client self exploration.

A non-intellectual basis for counselor response.-- Rogers claims that when the counselor responds on an intellectual basis to the verbalizations of the client, he channels dis-


discussion into areas of his own choosing. In this manner, he blocks further expression of emotionalized attitudes, and tends to define and solve the client's problems on his terms. If the counselor is alert not only to the content of counselee verbalization but to the feelings exposed, when the counselor responds to this latter element, then, the client will feel the satisfaction of being understood. The client is then free to express himself further. This technique, claims Rogers, leads efficiently and directly to the emotional roots of the problem.

To support his statements with statistical evidence, Rogers cites Porter's doctoral thesis in part. In this study directive and non-directive interviews are considered in relation to their position in the series and divided into those which took place early in the contact with the client, those interviews in the middle of the series, and those contacts at the termination of the counseling interviews. These responses are illustrated in a table. Counselor responses which define the counselor-client relationship tend to decline to almost zero at the closing interviews. This is true of both the directive and non-directive groups.

When items considered as eliciting and drawing out the problem are considered, non-directive counselors indicate a trend. Directive counselors do not. In non-directive counseling groups, there are many items of the type in the

1/Carl R. Rogers, op. cit.

2/Ibid., p. 141.
early interviews, but diminish as the client begins to perceive his own problem and its resolution. The directive counselor is still attempting to detect the essential elements of the problem in the closing contacts as in the early interviews. Rogers concedes that these are tentative interpretations but that the ratios indicated by the statistics appear to support his assumptions.

The non-directive takes almost as much a part in the session as the client, but as the process continues and the client feels free to express himself and work out his own solution, then the counselor plays a smaller part in the process. The directive counselor takes the lead from the start and continues to define and direct the line of discussion even in the concluding interviews. Rogers concludes that the non-directive counselor is more successful in assisting the client to locate the problem areas. The directive counselor continues to work on the problem which may or may not be the real one. The research is based on a small number of interviews, but may be significant for the evidence it indicates, states Rogers.

A measure of counseling interview procedures.—The purpose of Porter's study was to attempt to develop and evaluate a means whereby counseling procedures may be identified and treated quantitatively.

The measuring instrument consisted of a check list of interviewing techniques. In defining the problem and limiting its scope Porter decided that interviewing techniques were to be defined in terms of leading, explaining, interpreting and persuading.

The techniques defined in terms of activities should be considered as universally acceptable grouping.

Porter also concluded that the value of a technique in terms of good or bad was a matter depending upon the judge. Both good and bad counseling might be apparent. Porter then decided that the check list items be formulated in such a manner that no connotation of relative value would be inherent in any item.

Techniques included in the check list were drawn from two sources: a theoretical analysis and an empirical analysis. The theoretical analysis was conducted by comparing publications of a number of writers for differences in conceptions of the goal of counseling, assumptions made pertaining to the nature of personality and social interaction of the interviews and implications which these combinations of goals and assumptions hold for use of specific procedures. These comparisons were published in manual form and issued to counselors-in-training in the Educational Psychology Laboratory at Ohio State University. The empirical analysis was conducted by comparing written transcriptions of recorded interviews. Responses which appeared to represent similar techniques were grouped
together. These groupings were assigned descriptive statements. The descriptive statements, in modified form, were incorporated into the check list.

Classification of Porter's check list.-- The check list provided for classification of procedures under four functional headings indicated by Porter as the following:

1. defining the interview situation
2. bringing out and developing the problem situation
3. developing the client's insight and understanding
4. sponsoring client activity and/or fostering decision making.

At the end of the check list was an 11 point scale which the judge was to use as his summary judgment of the directiveness of the interview. Porter indicates that the significance of directiveness rests in the following concept: "...it became increasingly clear that one fundamental aspect of the interpersonal relationship in an interviewing situation is the extent to which the counselor imposes on the interview the direction it takes."

Directiveness, states Porter, is the aspect upon which all interviews might be examined regardless of theoretical viewpoint, technique, or position of an interview within a series of interviews.

Interviews were phonographically recorded.-- Nineteen

1/E. H. Porter, Jr., op. cit., p. 117.
2/Ibid., p. 118.
interviews were studied. These interviews were selected from phonographically recorded interviews at the Educational Psychology Laboratory and the Psychology Clinic of Ohio State University. The interviews were generally between students enrolled in a remedial study course and their counselors. Interviews were one-half hour in duration and covered personal and academic subjects. The students were aware of the recording being made. The microphone and recording machine were concealed.

Recordings were selected on the basis of audibility, equal sampling of early, middle, and later interviews, ranges in counselor experience, samplings of counselors of various philosophies, and approximately 50 minutes of interview time.

Judges were limited to persons whose training and experience could be considered as professionally competent, but whose experience ranged from limited to extensive experience. Judges represented different philosophies as did the counselors.

Training the judges. -- Experience had to be furnished the judges in handling the check list. A judge was given written instructions describing the general outline of activities in which he was to engage, written illustrations of each category, and a sample interview in typewritten form. Using the written instructional manual, each judge used two typescripts, coding on the left margin the identified response. Then the judge and

Porter compared codings and attempted to clarify the meanings of the categories. Following two more typescripts, the judges and researcher again conferred. At the conclusion of each typescript, the judge indicated his judgment of the directiveness of the interviewing counselor on the 11 point scale.

With the preliminary training completed, the judge used the check list with four phonographically recorded interviews. As the judge listened, he classified the procedure by entering a tally in the appropriate space before the category on the check list. The recording completed, the judge rendered his final evaluation of the counselor's directiveness by encircling the appropriate number in the scale appearing at the bottom of the check list.

Typescripts and recordings were selected so that judges might work with interviews conducted by counselors of various theoretical orientations from early, middle and late interviews. Although each interview was handled by two judges and Porter, no two judges worked together on more than one interview except in the case of the training transcripts. The research worker spaced the work with two forms of each interview no less than a week apart. Work on other interviews was interposed.

Porter's conclusions.-- Porter indicated that the comparisons infer several suggested hypotheses:

1. The different viewpoints on counseling are reflected in patterns of procedures employed.

2. Similar viewpoints on counseling are associated with similar patterns of procedure.

3. A counselor is quite consistent in the pattern of procedures he employs throughout a series of interviews with a client.

4. A counselor will adhere more closely to a pattern of procedures consistent with his viewpoint than he will vary his procedures.

5. The performance of the counselor will be strongly affected by training."

Stone's counseling continuum.-- Stone writes that there is a tendency to think of counseling in terms of opposites or extremes.¹ We think in terms of either directive or non-directive. This, he states, is aggravated by those taking extreme positions who see critics as being on the opposite side.

Stone reasons that one would find increasingly intense relationships when extremely directive or non-directive techniques are used and less intensity where less extreme techniques come into play.

Stone's hypothesis.-- Stone began research with this hypothesis: counseling techniques can be set up on a continuum. Stone used as experimental groups advanced psychology students, administrators, and counselors. With each group, Stone employed the following procedure: First, extreme positions were studied in detail. The result of that study culminated into two streams of thought. There are degrees of directiveness in both schools of thought. Each technique has advantages and

disadvantages depending upon the problem. Feelings were expressed spontaneously by the students without leading questions. Students leaned more strongly to the directive end and counselors leaned more toward the non-directive point of view. This prompted two questions, the first of which involved the analysis of degrees of directiveness. The other query related to application. Stone decided to attempt to establish "degrees of directiveness" and leave application to later research.

Secondly, the possible degrees of directiveness and non-directiveness were analyzed according to actual techniques. Fourteen techniques were identified.

Thirdly, techniques were ranked from extreme non-directive to extreme directive.

And lastly, within some techniques, other degrees were identified by repeating steps two and three. This resulted in a structure within a structure. By this process, Stone suggested that counselors might be facilitated in evaluating their own work.

Counseling continuum, a "yardstick?"-- Robert F. Jesness raises several questions about Stone's conclusions.

He states that Stone does not identify the experimental method making it difficult to evaluate his conclusions. He also questions whether the categories are the product of

1/D. R. Stone, op. cit., p. 296.

arbitrary contemplation or the conscious observations made through a one-way window? The number of subjects is not given.

Jesness feels that the definitions of techniques lack specificity. This is particularly true of sub-degrees. The fact that gestures, nods, and vocal gestures may be directive or non-directive seems to support his thesis that techniques are not dichotomous. This same feature, states the writer, might produce errors should the counselors use these categories to evaluate their own work. Since the classification of a technique is partially dependent upon an appraisal of the whole counseling situation, including the client's reactions, Jesness feels that Stone erred in not mentioning its significance.

Jesness concludes that Stone's continuum is not a yardstick which may be used to measure counseling but a device with which to convince people who consider directiveness a dichotomy.

A comparison study of rational and psychoanalytic therapy.--- Ellis states that no studies have been made using two or more modes of therapy with the same group. Studies such as Fiedler's are rare and evade the crucial question of therapeutic outcome. The scarcity of such studies, writes Ellis, may be attributed to the difficulties involved in operating studies of therapy. Evaluation of a single technique is a mountainous task. It is harder to compare outcomes

of two or more methods. How are patients, therapists, and conditions of therapy to be matched to guarantee each technique a fair chance of success?

One method of comparing the effectiveness of two or more techniques is for the therapist to employ each of the methods to be measured with similar types of clients. Even this procedure is open to criticism since there is no guarantee that the therapist will be equally enthusiastic about each of the techniques he is to employ. Ellis states that at different stages in his training, he was disposed to three techniques of therapy. He was first favorable toward orthodox psychoanalysis, psychoanalytically oriented psychotherapy and rational psychotherapy. In 1949, after seven years of clinical training, with special emphasis on psychotherapy and marriage counseling, and completion of personal analysis, Ellis began to do orthodox psychoanalysis. This practice gave way to a psychoanalytically oriented technique called rational psychotherapy.

Rational psychotherapy is, in some respects, more depth penetrating and intense than psychoanalytic therapy because it seeks to reveal and attack the basic ideas underlying irrational behavior. It applies the theory that much of what is referred to as emotion is a biased, prejudiced type of thinking, and that people can be taught to control their feelings by controlling their thoughts. This may be accomplished by altering the internalized self-talk from which such emotions are created.
Rational psychotherapist's function.-- The function of the rational psychotherapist is to analyze the client's problems, specifically anger, anxiety, and guilt, and then show him that these emotions arise from present irrational attitudes toward or illogical fears about these events or situations.

The research design.-- Seventy-eight closed cases were selected from the files of Ellis constituting cases lasting at least 10 sessions in duration. These cases were compared with 78 cases of clients treated for the same period of time with psychoanalytically oriented therapy. Each group contained 61 neurotics, and 171 borderline psychotics.

For the rational therapy group, the mean age was 30.8 years, and 36 clients were female. Some 84 per cent had some college training. In the group under psychoanalytically oriented therapy, the mean age was .3 of a year younger, 35 clients were female, and 81 per cent had some college training. The group under rational psychotherapy terminated therapy after an average of 26 sessions. Those under the other type of therapy left after an average of 35 sessions.

To this group were added 16 cases who had received orthodox analysis. These cases were similarly drawn from Ellis' files. These cases included 12 neurotics and four borderline psychotics. They had a mean age of 26.3 years. There were 10 females and six males. Eighty-two per cent had some college training. They left therapy after an average of 95 sessions.
Each of the cases had been rated by Ellis after the case was closed on the basis of large or small amount of progress while under therapy, some distinct improvement, or considerable improvement.

**Results of Ellis' study.**-- Individuals treated with orthodox psychoanalysis indicated little or no improvement in 50 per cent of the cases, distinct improvement in 37 per cent, and considerable improvement in 13 per cent. Those under psychoanalytically oriented treatment indicated little or no improvement in 37 per cent of the cases, distinct improvement in 45 per cent, and considerable improvement in 18 per cent. Those cases under rational therapy indicated little or no improvement in 10 per cent of the cases, distinct improvement in 46 per cent of the cases, and considerable improvement in 44 per cent.

Ellis reports that the observed differences between groups in which orthodox psychoanalysis and psychoanalytically oriented therapy were employed did not prove to be statistically significant. The observed differences between groups treated with rational psychotherapy and the other two techniques did indicate statistical significance. Ellis states that the evidence does not offer unequivocal proof of the superiority of rational psychotherapy. Ellis does contend that it does indicate that neither orthodox analysis nor psychoanalytically oriented therapy is the only answer in effective technique.

**Thorne's evaluation of eclectically oriented therapy.**--
Thorne's purpose in this study was to evaluate the results of eclectically oriented psychotherapy employing a variety of methods. The most chronic cases were selected. These were severely maladjusted individuals who had been independently studied and diagnosed prior to referral for therapy. Here the nature and degree of maladjustment was objectively established by other specialists claims Thorne. Mental status at the beginning of and culmination of therapy was rated using a Prognostic Index.

Results of Thorne's study.-- Although all cases were judged socially and economically incapacitated at the beginning of therapy, six per cent considered themselves as totally cured after therapy, 46 per cent were rated as functionally cured with small degrees of pathogenic symptoms, 38 per cent indicated marginal improvement with some lessening of symptoms, and some 10 per cent were unchanged or worse. Thorne then concluded that "...eclectically oriented psychotherapy is capable of improving personality integration at both symptomatic and both depth levels in selected severe cases."

A counselor training device.-- E. H. Porter, Jr. provides the reader with a series of experiences involving questions basic to the field of counseling. He achieves this by using

2/Ibid., p. 464.
a Counseling Procedures Pre-Test and a Counseling Procedures Post-Test. There are no real answers to the items. Rightness and wrongness are relative to one's set of values Porter says.

In the Counseling Procedures Pre-Test, there are five parts testing various attitudes of counseling. A series of excerpts from interviews are presented. Each excerpt comes from somewhere in the series of interviews. Following the client's statement is a series of possible counselor responses. The counselor is to select the response he feels apt to use in response to the client. Where no response appears best, the testee selects the response which approximates the response he would like to see.

In the Counseling Procedures Post-Test the test material is divided into two parts. Part I is a 20 item free response test. Twenty client responses are presented. In the Appendix are responses against which the reader may check his responses. Part II consists of a selection of 20 passages taken from cases prepared in Snyder's Casebook of Non-Directive Therapy. In the Appendix are notations of elements of significance that might be anticipated in the reader's analysis.

2. Some Theoretical Concepts and Values

The place of value in orientation.—Williamson contends that value judgments are inferred in every action we take and it is very difficult even for the most vigorously trained

scientist to strip his work of his values. While the
counselor's moral and ethical standards are not self evident
to the client, they are evident in his reactions to the
client's discussion, his emphasis, his choice of objectives
and counseling method, and in the techniques employed to carry
out the method of counseling.

Not only do his techniques reveal his values for outcomes
but the prevailing beliefs of the educational institution in
which he works.

Williamson concludes that we cannot and should not attempt
to eliminate some consideration of values from counseling. The
standards and attitudes of society and those prevailing in the
counselor's educational institution, as well as those of him-
self, will be reflected in the counselor's behavior.

The place of psychoanalysis.— Psychoanalysis can succeed
only if the patient and therapist enter the analysis in a mood
of cooperation. The analyst responds to the patient's un-
reserved responses with complete attention and with all the
acuteness of perception that his training will permit. The
analyst perceives not only the fragments of spoken phrases, but
the feelings inferred from within. He listens with the
knowledge he has of his patient and the data he has learned
about people throughout his experience and training in analysis.

1/Edmund G. Williamson, "Value Orientation in Counseling,"
American Personnel and Guidance Journal (April, 1958), 36: 520-
528.

2/Karen Horney, Are You Considering Psychoanalysis? W. W.
Significantly, his listening brings into play his own emotional responses, whether they be sympathy, humor, apprehension, impatience or discouragement.

Horney defends the introduction of the analyst’s emotions into therapy by this statement: "If the analyst is to enter into the analytic procedure with his whole self, how can he disregard his feelings—the most alive part of him?" She states further that the analyst cannot choke off the negative feelings without, in turn, smothering out the positive ones also.

The analyst’s attention is directed toward two sources of information. The first source pertains to what the patient tells him about his relations with others, his disturbances and difficulties, his attitude toward himself, his phantasies and his dreams. His second source pertains to the drives and reactions which the patient performs inadvertently in the analytical situation.

In the attitudes of the patient in the analytical situation appears the greatest therapeutic significance says Dr. Horney. Here the patient is confronted with his neurotic drives.

In assembling and analyzing the patient’s jumble of associations, the therapist assumes that elements appearing in the sequence are connected. The analyst attaches the proper perspective to the meaning of associations by connecting them.

1/Karen Horney, op. cit., p. 188.
Having obtained an understanding of the patient's personality, the analyst helps the patient to understand himself and alter his personality on the basis of insight by the use of interpretation. The aim of the interpretations is to reveal unconscious processes.

In addition to uncovering the unconscious processes, the analyst assists the patient in two additional ways. One type of assistance is an intellectual clarification of issues that are important for living. The other type of aid is general human help.

The relationship between analyst and patient is a functional one. The analyst and patient admire and respect one another, but yet they enter into the relationship for a specific purpose.

Another way in which the analyst helps the patient is by accepting him as he is. The analyst is interested in his patient as a person engaged in the process of development and he appreciates the client's progress.

Through interpretation, explanation and questions, the analyst guides the course of the analysis. Although Horney states that it is a cooperative affair, it is the analyst who actually carries the greater burden.
CHAPTER III

ANALYSIS OF DATA DERIVED FROM JURY RATINGS

1. Tabulation of Ratings

Scores weighted.-- Summary ratings were obtained for each item. Judges indicated their final rating by placing an "X" in the appropriate column. The resultant rating received a weighted score of from 1 to 5 according to the column in which the evaluation appeared.

Scores tallied for comparison.-- Summary ratings by counselors and counselor trainees were recorded on a tally sheet providing for easy comparison and statistical treatment.

Statistical treatment.-- A student's t-test was employed to test for the difference between the mean values of total scores for counselors and student trainees. The t-test was repeated to determine whether there was any significant statistical difference in mean scores between the two groups on specific items on the guide sheet.

To test internal consistency of response amongst counselors and student-counselors, a test for variance was computed.

2. Summary of Results

Mean scores on item analysis.-- Table 1 shows mean scores and t-scores for the counselor and student-counselor groups by item. Column one contains the 15 items appearing on the
Table 1. Mean Scores and T-Scores by Item for Counselors and Student-Counselors

<table>
<thead>
<tr>
<th>Item</th>
<th>Counselors Mean Score</th>
<th>Student Counselors Mean Score</th>
<th>T-Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td>1</td>
<td>2.21</td>
<td>1.30</td>
<td>1.810</td>
</tr>
<tr>
<td>2</td>
<td>2.64</td>
<td>2.45</td>
<td>.003</td>
</tr>
<tr>
<td>3</td>
<td>1.43</td>
<td>1.40</td>
<td>.008</td>
</tr>
<tr>
<td>4</td>
<td>2.93</td>
<td>3.00</td>
<td>.023</td>
</tr>
<tr>
<td>5</td>
<td>2.71</td>
<td>3.40</td>
<td>.229</td>
</tr>
<tr>
<td>6</td>
<td>1.29</td>
<td>1.60</td>
<td>.042</td>
</tr>
<tr>
<td>7</td>
<td>2.93</td>
<td>2.10</td>
<td>.205</td>
</tr>
<tr>
<td>8</td>
<td>2.50</td>
<td>2.40</td>
<td>.101</td>
</tr>
<tr>
<td>9</td>
<td>1.29</td>
<td>2.00</td>
<td>.185</td>
</tr>
<tr>
<td>10</td>
<td>3.07</td>
<td>2.85</td>
<td>.576</td>
</tr>
<tr>
<td>11</td>
<td>3.71</td>
<td>3.80</td>
<td>.098</td>
</tr>
<tr>
<td>12</td>
<td>1.85</td>
<td>1.90</td>
<td>.044</td>
</tr>
<tr>
<td>13</td>
<td>3.71</td>
<td>3.70</td>
<td>.014</td>
</tr>
<tr>
<td>14</td>
<td>1.64</td>
<td>2.20</td>
<td>1.237</td>
</tr>
<tr>
<td>15</td>
<td>4.85</td>
<td>3.90</td>
<td>1.103</td>
</tr>
</tbody>
</table>

guide sheet. Column two indicates the mean scores for the counselors. Column three lists the mean scores on items made by the graduate students. Column four reports the t-scores for significant difference in scores between counselors and student-counselors.

No statistically significant difference was found between mean score of counselors and student-counselors in an item analysis. Differences in mean scores for each item were notably small with a few exceptions.

Items 1, 14, and 15 had mean differences of at least one or better. In item 1 the mean score of counselors was 2.21 while the student-counselors had a mean score of 1.30. The
t-score or statistical difference between the two groups was 1.810, but not statistically significant at the one per cent or five per cent level.

On item 14, the mean score for the counselor group was 1.64 while the mean score for the counselor trainees was 2.20. Here the statistical difference of 1.237 was even smaller than in item one.

The mean score for item 15 was 4.85 for the counselor group and 3.90 for the student-counselors. The statistical difference was 1.103.

The smallest degree of difference may be seen in items 2, 3, 12, and 4. In item 2, the statistical difference between groups is .003 while the degree of difference in items 3, 12, and 14 are .008, .014, and .023.

Mean value of total scores and statistical difference.-- The mean value of the total score for counselors was 38.79 while the mean value of the total score for the other groups was 38. The statistical difference between mean values of total scores for the two groups was .011.

Internal consistency of response.-- When responses were tested for reliability amongst the two groups, reliability of response amongst the counselors was found to be .92. Internal consistency among counselor-trainees was found to be .83.
CHAPTER IV
SUMMARY, CONCLUSIONS AND IMPLICATIONS

1. Summary

Introduction and the problem.-- Theoretical counseling orientation may be viewed from many angles. Many writers disagree as to its importance as a dividing line when considering the counseling relationship. Some writers protest that it is not a significant dividing point and point to counseling as existing along a continuum. Still another group feel that there are advantages and disadvantages to all techniques. One writer\(^1\) has considered the outcomes of theoretical orientation and studied the difference in opinion, if any, as to the ideal therapeutic relationship.

Three questions posed as the problem.-- Is there consistency in the manner in which counselors of different orientation perceive what is being said and felt by the client? Is there consistency in the manner in which counselors-in-training perceive what is being said and felt by the client? Is there a significant statistical difference between the two groups?

Procedure.-- Seven counselors of varied philosophical

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\(^{1}\text{Fred E. Fiedler, "The Concept of an Ideal Therapeutic Relationship," Journal of Clinical Psychology (1950), 14: 239-245.}\)
leanings were selected to participate as judges. Ten graduate
students, who were enrolled in a counseling practicum course,
were also selected to participate as judges. Counselors and
student-counselors observed a motion picture which depicted a
counseling interview. The judges then recorded their reactions
along a five point scale on a guide sheet provided for that
purpose. Two types of ratings were obtained: a rating at
prescribed intervals during the process of the film and a
summary rating of the degree of feeling expressed for each
item.

The measuring instrument.-- The measuring instrument was a
guide sheet composed of items describing possible counselee
verbalizations listed in the left column and columns indicated
a graduated degree of feeling or expression given to the right.
Below the columns indicating degree of feeling or expression
was a five point scale.

Summary of research and related literature.-- Fiedler
found that therapists of different schools of thought do not
differ in describing their concept of an ideal therapeutic re-
relationship. The ability to describe this relationship is a
function of expertness rather than philosophical background.
Nontherapists can describe the ideal therapeutic relationship
about as well as therapists. A composite rating of this ideal
therapeutic relationship can be obtained by means of pooled
ratings.

Strupp found, when comparing psychoanalytically oriented
therapists and client-centered therapists, that Rogerians did not tend to make plans for treatment or to set up therapeutic goals. Their prognostic estimates tended to be more optimistic and they rated their attitude toward the client as more positive than did the other group studied.

Seeman and Raskin suggest two frameworks in which to consider research on therapy. The first framework alludes to the bidimensional nature of research in therapy. The second pertains to the role of therapy in shaping research designs and directions.

Rogers, in an early experiment, concluded that there was an orderly process in the evaluation of therapy. This was corroborated by a study of six disturbed adolescent girls by Lewis.

In studies pertaining to interview behavior during therapy, Kauffman and Raimy used the discomfort-relief index and Raimy's self attitude instrument to discover the close correlation in the manner that these two instruments traced


changes in the therapeutic process.  

In studies pertaining to the psychological climate of therapy, Blocksma developed an instrument to analyze the changes attributed to a course in client-centered therapy. He concluded that training courses effected an increase in the degree to which counselors thought with the client.

Porter devised an instrument to treat counseling interview procedures quantitatively. The measuring instrument consisted of a check list of interviewing techniques. The check list was used with 19 phonographically recorded interviews. Competent and well trained counselors and judges participated in the experiment. The judges recorded the degree of directiveness in the left hand margin and registered a final judgment of directiveness on the 11 point scale.

Stone contended that counseling exists on a continuum and is not dichotomous. In his experiment he identified 14 different techniques and ranked them according to degree of directiveness. Stone offered his evidence as an aid to


therapists in the evaluation of their own work. Jesness raised some questions about Stone’s findings but agreed that Stone had offered valuable evidence to repudiate the idea that counseling was a dichotomous concept.¹

Ellis compared the outcomes of three techniques: psychoanalytically oriented therapy, orthodox analysis, and rational psychotherapy. Ellis admitted that the observed differences between groups in which orthodox analysis and psychoanalytically oriented therapy were employed did not prove statistically significant. The observed differences between groups treated with rational psychotherapy and the other two techniques did indicate statistical significance. Ellis contends that the evidence does not indicate that neither orthodox analysis nor psychoanalytically oriented therapy is the only answer in effective technique.

Thorne’s evaluation of eclectic therapy revealed that eclectically oriented therapy is capable of improving personality integration at both symptomatic and both depth levels in selected severe cases.²


Williamson argues for value judgments in therapy. He states that they are inherent in every action taken by the counselor. His techniques reveal his values for counseling outcomes and they also reveal the prevailing beliefs of the institution in which he operates. Williamson concludes that we cannot and should not attempt to eliminate values from counseling.

Psychoanalysis is a cooperative endeavor. The analyst responds to the client's statements with undivided attention. His listening brings into play his own emotional reactions. This is necessary if the analyst is to enter into the process with his whole self. The analyst cannot choke off negative reactions without smothering positive ones also.

The analyst's attention is directed toward two sources of information. The first source pertains to the client's relations with others, disturbances, and attitudes toward himself. The second source refers to the drives and reactions which the client performs unconsciously in the analytic situation.

The analyst helps the patient understand himself and alter his personality on the basis of insight by the use of interpretation.


Through interpretation, explanation and questions, the analyst guides the course of analysis and assumes the greater burden of the process.

Summary of results obtained from the experiment.-- Mean scores and t-scores by item for the two groups were reported in a table. No statistical significance was found between the mean scores of counselors and student-counselors in an item analysis.

Items 1, 14, and 15 had mean differences of at least one or better but not statistically significant. The smallest degree of difference appeared in items 2, 3, 12, and 4.

The mean value of the total score for counselors was 38.79 while the mean value of the total score for counselor-trainees was 38. The statistical difference between the mean value of total scores for both groups was .011.

Reliability of response for the counselor group was computed at .92. Reliability of response for the second group was .83.

2. Conclusions

The results of the study are as follows:

First, no statistically significant difference was found between the mean scores obtained by counselors and student-counselors in an item analysis.

Secondly, there was no statistically significant difference between the mean values of the total scores of counselors and student-counselors.
Finally, reliability of response amongst counselors was found to be .92. Reliability of response for the counselors-in-training was computed at .83.

Thus, it may be concluded that this experiment can provide evidence to indicate that counselors of different theoretical orientations perceive and respond to what is being said and felt by the client to a high degree of consistency. The data apparently indicates that counselors-in-training perceive and respond to what is being said and felt by the client to a high degree of consistency. Finally, the mean value of total scores and the mean value of scores obtained from an item analysis reports that there appears to be no significant statistical difference between the two groups in the manner in which they respond to counselee verbalizations.

Reliability coefficients appear to be spuriously high. However, this may be attributed to the small number of subjects involved in the experiment. Added to this factor is the admitted crudity of the measuring instrument.

3. Implications

Corroborative evidence.-- The results of Porter’s attempt to develop an instrument to identify and treat quantitatively counseling procedures appears to support the results of this experiment to some degree.

Porter concluded that a counselor is quite consistent in the pattern of procedures he employs throughout a series of interviews with a client. This is consistent with the findings in this experiment since both groups responded in a consistent manner to the client's verbalizations throughout the process of the film.

Ellis found that the observed differences between groups in which orthodox analysis and psychoanalytically oriented therapy were employed was not statistically significant. In this experiment, the mean value of the total scores for both groups was not statistically significant. It may be concluded, then, that in the present experiment, both groups were responding in a similar manner. This is seen by the small degree of difference in the mean values of the total scores for the two groups. The difference in consistency of response is probably a function of experience.

Caution is recommended in any interpretation of these results due to the limited number of participants and the admitted crudity of the instrument.

The guide sheet may be refined and better items developed. A larger sampling of counselors might be used in a further study. Counselors operating under different conditions, as industrial counselors and pastoral counselors, might be compared to determine whether a significant difference may be found in the manner in which they respond to counselee verbalization.

1/Albert Ellis, op. cit.
The instrument may be used for training purposes. It may be administered before a course in counseling theory or a related course, and administered at the conclusion of the course to note the amount of change due to instruction or theoretical indoctrination.
APPENDIX
A GUIDE SHEET TO RECORD COUNSELORS' REACTIONS TO A CLIENT'S VERBALIZATIONS

Instructions: Below are some phrases describing possible counselee verbalizations. To the right are columns marked "Not At All," "To Some Degree," and "To A High Degree." You are about to see "The Case of Mr. Lin" by Carl Rogers. The movie will be interrupted every 8 minutes. During the intermission, you are to mark the counselee verbalizations which best describe the counselee's feelings. Place the numeral 1, 2, or 3, indicating the interval, in the column to the right which best indicates the degree of feeling you think is present. After the movie is concluded, indicate your final rating for each of the 12 items by placing an "X" in the proper area along the scale.

<table>
<thead>
<tr>
<th>1. Expresses feelings of dependence upon another person</th>
<th>Not At All</th>
<th>To Some Degree</th>
<th>To A High Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Expresses feelings of dependence upon the counselor</td>
<td>1.</td>
<td>2.</td>
<td>3.</td>
</tr>
<tr>
<td>3. Transference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Defensiveness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Negative feelings toward</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Self</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Counselor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Asks for reassurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Feelings of rejection by</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. counselor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. others</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. High degree of reality in expression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Low degree of reality in expression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Expression of anxiety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Expresses feeling of growth toward maturity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Acceptance by counselor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
BIBLIOGRAPHY


